PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

CORPORATION REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED
05 APR 13 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
100054211841
05/10/05--01051--021 **1350.00
REINSTATEMENT 01-05

DOCUMENT # P97000088798

1. Corporation Name

MULBERRY STREET GOURMET CORP

2. Principal Office Address	3. Mailing Office Address
8158 GLADES ROAD	433 Plaza Real
Suite, Apt. #, etc.	Suite, Apt. #, etc. 275
City & State: BOCA RATON, FL	City & State: Boca Raton, FL
Zip: 33433 Country:	Zip: 33432 Country:

4. Date Incorporated or Qualified To Do Business in Florida: 11/20/1997

5. FEI Number: 65-0794811 ☐ Applied For ☐ Not Applicable

6. CERTIFICATE OF STATUS DESIRED ☐ $8.75 Additional Fee required for a Certificate of Status

7. Name and Address of Current Registered Agent

Name: DON Platten

Street Address (P.O. Box Number is Not Acceptable): 433 PLAZA Real Suite 275

Suite, Apt. # Etc.: 275

City: Boca Raton State: FL Zip Code: 33432

8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.

Signature of Registered Agent: Don Platten Date: 4/11/05

REGISTERED AGENT MUST SIGN

CR2E081 (01/05)

9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Titles	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
P/D	Robert Ray	2830 NORTH 56TH CT FT. LAUDERDALE FL 33308	FT LAUDERDALE FL 33308
V/D	Paul Trocola	2830 NORTH 56TH CT	FT. LAUDERDALE FL 33308
V/S/D	Jack Flecher	22284 CALIBER CT BOCA RATON FL 33433	BOCA RATON FL 33433
D	Donald Platten	6339 CA COSTA DR	BOCA RATON FL 33433

10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE: Don Platten DON PLATTEN 4/11/05 561-305-6771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #